

## STATE OF NEW HAMPSHIRE

### 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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PLEASE PRINT .

JAN 3 0 2019

| I. Name of Lobbyist(s) <u>Kathy (</u>  | Corey Fox                               |   | NEW HAMPSHIRE<br>DEPARTMENT OF STATE |
|--|---|---|--------------------------------------|
| II. Name of lobbyist's partnersh   | p, firm or corporation, if              | any:  | •                                    |
| Bianco Profes  | sional Association                      |   |                                      |
|  | nip, firm or corporation)               | ····  | <del></del>                          |
| 18 Centre Street   | Concord                                 | NH  | 03301                                |
| Business Address: (Street)   | (Town/City)                             | (State)   | (Zip Code)                           |
| (603) 225-7170   | (603) 226-0165                          | e-mail attys@   | biancopa.com                         |
| (Telephone)  | (Fa                                     | x)  |                                      |
| III. This statement covers: (Choo reportable expense transactions   All reportable transactions occ      | which are not attributable              | e to any one client).   |                                      |
| (Full Name  OR  .□ All reportable transactions by tunrelated to any particular client.                   | of Client as it appears on the I        | ,   | ing firm listed below which are      |
| October 3  | of registration to 3/31/18<br>1, 2018 🏻 | July 25, 2018<br>activity from 4/1/18 to 6/30/1<br>January 30, 2019 🛭 |                                      |
|  | 7/1/18 to 9/30/18                       | activity from 10/1/18 to 12/3   | -                                    |
| V. There have been no fees re<br>If this box is checked, complete jus<br>Concord, NH 03301.              |   |   |                                      |
| VI. Check if additional reports a  | re attached:                            |   |                                      |
| If you have received fees or m   | •                                       |   | •                                    |
| <ul> <li>If you have paid an honorarium<br/>Expense Reimbursement</li> </ul>                             |   |   | •                                    |
| If you, your firm, or your fami  | ly has made political contri            | butions, you must file Addend   | lum C- Political Contributions       |
| Sworn Statement/Affirmation by<br>I have read RSA 15, RSA 15-B, RS<br>and complete to the best of my kno | SA 14-C and RSA 664 and                 | hereby swear or affirm that the                                       | toregoing information is true        |
| (Signature of lobbyist)  |   | January 30, 201<br>(D   | 9<br>ate)                            |
| Kathy Corey Fox (Print Name of lobbyist)   |   |   |                                      |

### STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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NEW HAMPSHIRE DEPARTMENT OF STATE

| I. Name of Lobbyist(s) Kath  | ny Corey Fox                 |  | DEPARTMEN   |
|--|------------------------------|--|---|
| II. Name of lobbyist's part  | nership, firm or cor         | poration, if any:                                      |   |
| Rianco Profes  | sional Association           |  |   |
|  | ership, firm or corporation) |  |   |
|  |                              |  |   |
| III. Name of Client  |                              |  | Date  |
| Political Contributions  |                              |  |   |
|  | ion that is reportable i     | oursuant to RSA Chap                                   | ter 664 paid on behalf of the   |
| client/lobbyist and lobbying   |                              |  | p.m.s.  |
|  |                              |  |   |
|  | 16                           |  |   |
|  |                              |  |   |
| Full name of candidate:  | Birdsell                     | Regina   |   |
|  | (Last Name)                  | (First Name)   | (Middle Name/Initial)   |
| Amount of contribution \$  | E0 00                        | Office Candidate is                                    | Seeking Senate  |
|  | 20.00                        |  |   |
|  |                              |  |   |
| Full name of candidate:  | (Last Mana)                  | (Cint Mana)  | (Middle Name/Initial)   |
|  | (Last Name)                  | (First Name)   | (Middle Name/initial)   |
| Amount of contribution \$  |                              |  |   |
| If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the | ribution on the line above   | a description of the good<br>we for amount of contribu | ds or services provided, and enter tution. If the actual cost is not know |
|  |                              |  |   |
| Full name of candidate:  | (Last Name)                  | (First Name)   | (Middle Name/Initial)   |
|  | (Last Name)                  |  | (Middle Name/Initial)   |

| If the contribution is an in-kind contribution, provide a description of actual cost of the in-kind contribution on the line above for amount of enter an estimated value and the word "estimate." |  |
|--|--|
|  |  |
|  |  |
| (If more than three contributions were made, report additional contributions of  | n separate addendum C forms.)            |
| Sworn Statement/Affirmation by Lobbyist  |  |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear is true and complete to the best of my knowledge and belief.   | or affirm that the foregoing information |
| Harriston for  | January 30, 2019                         |
| (Signature of lobbyist)  | (Date)                                   |
| Kathy Corey Fox  |  |
| (Print Name of lobbyist)   |  |

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